

Syracuse City Community Service Form

Please answer all the following questions

Contact Name: Contact Phone Number:			r:
Estimated amount of people:	Age of participant(s):	t(s):Date of service project:	
Proposed service idea:			
Type of community service: Co Please list any restrictions you may			
Court Mandated:			
What city mandated the hours:		How many hours are needed:	
Please list your hours of availability	:		
Monday: Tuesday:	Wednesday:	Thursday:	Friday:
If your hours change weekly, please	e list known availabilities		
Eagle Projects:			
How are you planning on funding yo	our project?		
Please list the steps you will perform	m to complete your proj	ect:	
Please list materials: (be specific) EX: Valspar exterior gloss p	aint - color #1234		
Do you need any assistance from the	ne city? (if so, please exp	lain)	

If you are building/installing anything, please attach picture or drawing.